



## Injury & Violence Prevention

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More than 400 Americans die each day from injuries due primarily to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires, and drowning. The risk of injury is so great that most persons sustain a significant injury at some time during their lives.

Motor vehicle crashes are the most common cause of serious injury. In 1998, there were 15.6 deaths from motor vehicle crashes per 100,000 persons. Arizona's rate was 21 per 100,000.

In 1995, the cost of injury and violence in the United States was estimated at more than \$224 billion per year. These costs include direct medical care and rehabilitation as well as productivity losses to the Nation's workforce. The total societal cost of motor vehicle crashes alone exceeds \$150 billion annually.

Motor vehicle crashes are often predictable and preventable. Increased use of safety belts and reductions in driving while impaired are two of the most effective means to reduce the risk of death and serious injury of occupants in motor vehicle crashes.

Death rates associated with motor vehicle-traffic injuries are highest in the age group 15 to 24 years. In 1996, teenagers accounted for only 10 percent of the U.S. population but 15 percent of the deaths from motor vehicle crashes. Those aged 75 years and older had the second highest rate of motor vehicle-related deaths.

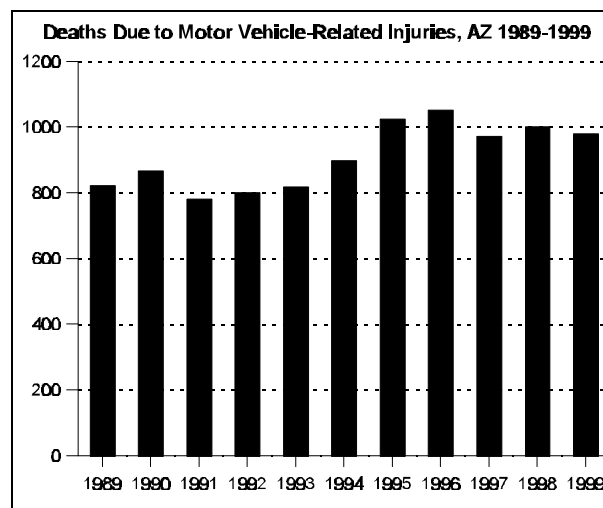
Because no other crime is measured as accurately and precisely, homicide is a reliable indicator of all violent crime. In 1998, the murder rate in the United States fell to its lowest level in three decades, 6.5 homicides per 100,000 persons. In Arizona, the rate of homicide was 10.4 per 100,000. Efforts to reduce community violence and illegal access to firearms can ultimately reduce this statistic.

Suicide rates in Arizona are particularly high among teens and older adults. Targeted initiatives to identify and respond to those at risk are already underway, working through social service agencies, schools and other community settings.

In 1997, Arizona ranked second in deaths due to drowning among children 0–4 years old. This rate has been increasing in recent years and calls for

renewed efforts to educate parents and the broader community about vigilance around swimming pools. Enforcement of barrier codes may also contribute to lowering the incidence.

Collecting data on abusive behaviors presents real public health challenges. Without common protocols that can be shared and aggregated, data is incomplete and there is no quantitative way to evaluate improvement. This problem is particularly true for domestic violence, which often goes unreported. Data collection efforts initiated at the local level need to be linked so that eventually, a system will be in place that can address data needs at all levels.



**Objective #1      Reduce injury, disability and death caused by motor vehicle crashes.**

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| Strategy 1.1 | Increase the proper use of occupant restraints.   |
| Strategy 1.2 | Promote Zero tolerance for alcohol and other drug-related crashes.  |
| Strategy 1.3 | Ensure adequate training of EMS providers who treat adults and children (statewide, rural, tribal, border). |
| Strategy 1.4 | Promote safe transportation environments. Identify high risk locations for motor vehicle crashes.           |
| Strategy 1.5 | Enforce current aggressive behavior driving laws.   |
| Strategy 1.6 | Promote helmet use.   |
| Strategy 1.7 | Standardize the coding and reporting of crashes.  |

<b>Objective #2</b>	<b>Reduce deaths due to homicide.</b>
Strategy 2.1	Promote collaborative efforts to analyze homicide data and develop local interventions.
Strategy 2.2	Promote and enhance community-based initiatives aimed at reducing violent behavior.
<b>Objective #3</b>	<b>Reduce deaths due to suicide.</b> (see also Mental Health Objective #2)
Strategy 3.1	Develop data driven intervention strategies for persons at risk, e.g., domestic violence, sexual assault, elderly, psychiatric disorders.
Strategy 3.2	Provide access/enhance to mental health services for persons at risk.
Strategy 3.3	Develop a community awareness/education program for the general public, schools (teachers, students, counselors), public safety professionals, health care professionals, mental health professionals (different strategies for each group).
Strategy 3.4	Enhance guidelines/standards for suicide assessment and monitoring/precautions.
Strategy 3.5	Enhance existing crisis lines to include peer warm-lines.
<b>Objective #4</b>	<b>Reduce deaths due to drowning.</b>
Strategy 4.1	Expand incident data collection and monitor all calls involving immersion incidents for all counties in order to identify target populations and strategies.
Strategy 4.2	Enforce barrier codes where they exist and adopt codes where they are nonexistent.
Strategy 4.3	Provide ongoing education on drowning prevention and water safety for all water environments.
<b>Objective #5</b>	<b>Develop and/or enhance data systems for abusive behaviors (such as child abuse, elder abuse, intimate partner, family violence, rape and sexual assault).</b>

- Strategy 5.1 Identify existing data sources and establish a clearinghouse of existing data.
- Strategy 5.2 Establish public/private collaborations and partnerships that cross jurisdictional lines.
- Strategy 5.3 Explore the need for and feasibility of creating a statewide data collection system.
- Strategy 5.4 Identify resources to build an infrastructure necessary to support collection and analysis of data.